



TULARE COUNTY RESOURCE MANAGEMENT AGENCY APPLICATION

GENERAL INFORMATION / COVER SHEET

EXTENSION OF TIME

General Information:

Applicant _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____ E-Mail _____

Property Owner (if different) _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____ E-Mail _____

Agent (if applicable) _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____ E-Mail _____

Site Address _____

Physical Location of Site (cross streets & nearest community): _____

Assessor's Parcel No(s). _____

THIS SPACE FOR OFFICE USE ONLY

Application Received/Reviewed by: _____ Project Number(s) _____

Use Description _____

Current Zoning: _____ Economic Development Project: _____

Land Use Designation: _____

Agricultural Preserve & Contract Nos. (if applicable) _____

Filing Fee(s): _____ Total Amount Paid: _____

Date Received: _____ Payment Type: _____

Receipt Number(s) _____ Existing Entitlements/References; _____

PERMIT CENTER HOURS: MONDAY - THURSDAY 9:00 A.M. TO 4:30 P.M., FRIDAY 9:00 A.M. TO 11:00 A.M.

EXTENSION OF TIME APPLICATION

Requirements, Fees and Instructions *(Please use dark blue or black ink)*

File the completed application, with all required attachments and fees, with the Tulare County Resource Management Agency, Permit Center, located at 5961 South Mooney Blvd, Visalia, CA 93277-9394. Please call the RMA Permit Center at 559/624-7100 with any questions.

The application must be complete in every respect with all questions answered and all requested information provided before the County can officially accept the application for processing. In the course of accepting and processing the application, the Permit Center Official or the Project Planner may request the applicant to clarify, amplify, correct or otherwise supplement the required information.

CHECK TYPE	TYPE OF EXTENSION	DECISION MAKING BODY	FEE (SUBJECT TO CHANGE AT ANY TIME)
	Special Use Permit	Planning Commission	\$400
	Tentative Parcel Map	Planning Commission	\$209
	Tentative Subdivision Map	Planning Commission	\$499
	Final Site Plan	Planning Commission	\$209
	Planned Unit Development	Planning Commission	\$370
	Surface Mining Permit	Planning Commission	\$400
ADDITIONAL FEE(S) DUE			
Computer Maintenance Fee			\$10.00

NOTE: The applicant is responsible for the payment of all fees associated with this application.

SUMMARY OF REQUIREMENTS FOR AN EXTENSION OF TIME

1. Completed Application
2. Owner's Affidavit *(must be signed by the Property Owner(s))*
3. Filing Fee

Complete explanation for time extension request: _____

OWNER'S AFFIDAVIT
(Must be signed by property owner)

STATE OF CALIFORNIA)
 SS.
COUNTY OF TULARE)

I, (We,) the undersigned, say:

I (We) own property involved in this application and I (we) have completed this application and other documents and maps required hereby to the best of my (our) ability and the statements and information above referred to are, in all respects, true and correct to the best of my (our) knowledge and belief.

I (We) declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____, at _____

Name: _____ Signature: _____

Address: _____ State: _____ Zip: _____

Optional – additional property owner

Name: _____ Signature: _____

Address: _____ State: _____ Zip: _____

If there is an agent, title company, or prospective buyer who desires notification of the Director's action on this application, please enter name here.

Name: _____

Relationship: _____

Address: _____

State: _____ Zip: _____

Telephone: _____

FAX No.: _____

In the case of applications which are subject to the authority of the Zoning Administrator, (see list of projects), the Zoning Ordinance provides that the applicant has the right to request that the Planning Commission hear the application rather than the Zoning Administrator. Please sign below if you wish to have your application heard by the Planning Commission. Note: An additional fee is required for the Planning Commission process.

Signed: _____ Date: _____